

## Chapter 7 – Context and Next Steps

### ECONOMIC AND POLICY CONTEXT OF THE HOMELESS FAMILIES PLAN

Washington State's effort to assist homeless families with children is affected by significant economic and policy changes that have taken place since the plan was first implemented in 1999, including the following significant events and trends.

#### **Economic Downturn**

The Washington State economy reflects the downturn in the national economy, and the effects of significantly reduced tax revenues used by state government to fund programs and services compound the fiscal impact.

#### **Housing Affordability**

Using U.S. Department of Housing and Urban Development's (HUD) definition of affordability, a parent with two children earning minimum wage (\$6.90 an hour) would need to work about 60 hours a week to afford a market-rate apartment in rural areas of the state. A comparable parent in Seattle-King county would need to work more than 100 hours per week.

Families struggling with low wages, part-time jobs, domestic violence, mental health problems, substance abuse, or child-care issues, find market-rate housing out of reach. Struggling families face long waiting lists for available subsidized housing (i.e., Section 8 vouchers), resulting in many becoming homeless.

#### **Increased Demand for DSHS Social Services**

New demands for social services, driven by advances in medical technologies intersecting with an aging population, are resulting in a growing number of persons living with chronic illness, cognitive impairments, and functional disabilities who require assistance. DSHS serves 1.3 million people a year – about one in five state residents.

#### **DSHS Budget Reductions**

To achieve necessary budget reductions, DSHS has closed some field offices and institutions, and reduced its workforce. Despite the challenges of significant budget reductions, increasing costs of service delivery – especially medical costs – and an increasing need for services from citizens of Washington State, DSHS leaders and staff remain committed to creating stronger networks of support for homeless families with children. The evolution of an integrated service model that is timely, accessible, and responsive is a core strategy to help families attain and maintain safe, stable, and self-sufficient lives consistent with the DSHS mission.

**HUD Moving to De-Fund Social Services for the Homeless**

HUD has signaled to state governments that the agency intends to shift back to a housing focus (“bricks and mortar”) in serving homeless families. HUD’s intent is to shift responsibility for funding case management, mental health, substance abuse, and other social services for homeless families to federal Department of Health and Human Services programs (administered by DSHS), state and local governments, and community based agencies.

**NEXT STEPS: 2003-2005**

*A homeless pregnant mother with 2 toddlers in Kitsap County was provided transitional housing using Homeless Families Plan funding. With the help provided by Kitsap Community Resources, she was able to work full-time, attend medical assistant school, and obtain her driver’s license. She was hired by a local hospital and moved into her own permanent housing.*

The resources appropriated for Homeless Families with Children programs within CTED and DSHS will continue to be deployed to meet the most pressing needs of homeless families across our state. Additionally, DSHS and CTED maintain strong connections to the vision and activities of the Washington State Coalition for the Homeless, the Governor’s Advisory Council on Homelessness, and Continuum of Care groups throughout the state. These collaborations reflect a common purpose and interrelated goals to provide effective, accessible services for homeless families with children.

The programs detailed in Chapter 3 of this plan will continue to work on helping families stabilize and reach independent living and affordable permanent housing.

However, over and above these on-going program activities and implementation plans, the following are additional initiatives that are designed to bring about a stronger response to the problem of homelessness in our state.

**Develop the Next Stage of the Homeless Families Plan Using the Policy Academy**

Over the next year, the Policy Academy will work to develop the next stage of the Homeless Families Plan, by adapting and expanding the strategies and actions the Policy Academy members developed, including:

**Elevate Homelessness**

- Develop a fact sheet about costs and potential savings (based on available data and identifying gaps in data as needed).
- Develop statewide goals and outcomes on achieving vision of no homelessness within 10 years.
- Propose text for Executive Order from Governor to ensure all cabinet agencies address homelessness.

*Mission: "All families will have a safe and nurturing home, access to community-based, culturally relevant services, and affordable housing."*

### Case Management and Housing

- Create a pilot funding model, linking mainstream services and housing, which is sustainable and replicable throughout the State.
- Maintain and strengthen the Homeless Families Plan.

Review Memorandums of Agreement, Requests for Proposal, contracts, and interagency agreements for opportunities to strengthen linkages to mainstream services

### Improving Linkages with Mental Health and Chemical Dependency Systems

- Develop information sharing and system transparency at the local level (including homeless providers, case managers, and CSO staff) for mental health and chemical dependency services and issues.
- Add information on chemical dependency and mental health system access to training.
- Develop chart to identify eligibility criteria and services provided. Also, identify in the chart the clients who have substance abuse and/ or mental health issues but are not eligible for services under current legislative and funding structure.
- Prepare a report on how homeless families are served by the mental health and chemical dependency systems and what outcomes are used for determining success (i.e. implement needs assessment, and identify who is not eligible for services and which clients are being lost due to failure and to show for an assessment or treatment).

### Build Capacity

- Continue to seek opportunities for service providers and Community Services Offices (CSOs) to identify best practices and serve diverse communities.

### **DSHS Pilots to Provide Services to Homeless Families**

Continue pilot projects in two Region 3 CSOs to expand service integration efforts to include a focus on serving homeless families.

In Everett, an interdisciplinary model will provide case staffings to these families with all community partners involved – including community organizations, homeless service providers, and Housing Authority representatives. The Housing Authority will provide subsidized housing to a group of homeless families receiving TANF.

In Bellingham, the program will use an approach that combines a triaged intensive case staffing model including community partners, with yearly CSO staff education on demographics, trends, and community action plans. Community partners will be invited to develop and present staff training.

DSHS will use the lessons learned from these pilots to identify future methods of service delivery to homeless families with children.

**Training for DSHS  
Staff With  
Community-Based  
Housing Providers**

Recent surveys of DSHS staff and feedback from community service and shelter providers indicate that it is critically important to continue to provide training and networking opportunities with homeless shelter providers.

This new training and networking opportunity will build on the training completed in 2000.

The training will provide information on factors leading to homelessness, including mental illness, substance abuse, and family violence. Other components will include methods to move homeless families towards employment, and a strong focus on making and maintaining connections with community homeless service and shelter providers.

A workgroup will be formed to develop curricula for further training that will be provided during the 2003-05 biennium. This will be a primary DSHS strategy to continually improve services to homeless families.

**Review/Revision of  
DSHS Policies and  
Procedures**

Policies and procedures relating to WorkFirst and other CSO social services will take into consideration the special needs and challenges of homeless families. To the extent that is reasonably possible, program managers will ensure that the policies and procedures that are written in both the WorkFirst and Social Services Manuals are “user friendly” to homeless persons and do not present additional barriers to receiving services.

User friendly policies and procedures might include:

- Home visits to a homeless shelter.
- Accepting the address of the homeless shelter as valid.
- Not requiring that a person have a personal residence in order to access services.

When manuals are updated, the review process will include attentiveness to homelessness issues.

### **Begin Deploying the Homeless Management Information System**

The first pieces of the Homeless Management Information System will be deployed, which will provided policy makers additional insight on how best to use the resources tied to the Homeless Families Plan. The original 1999 Plan directed CTED to explore ways to count homeless persons. Since no funding was provided, CTED was unable to implement any of the ideas described in the study.

In 2000 HUD announced that all federally funded continuums of care must implement a Homeless Management Information System by 2004. The HMISs must collect unduplicated, client-level information on homeless persons served.

In partnership with CTED and DSHS, the Washington State Coalition for the Homeless convened an HMIS advisory panel, which developed the Washington State Homeless Data Standard. The unified data standard would allow a statewide, unduplicated count of homeless persons who were served by government supported homeless service providers, after the HMIS systems are fully deployed.

The standard will be used by the 12 Continuums of Care in Washington State to design their HMIS system. The Rural Continuum of Care, administered directly by CTED, has been awarded a federal grant to deploy an HMIS system covering a portion of rural Washington. The other 11 continuums are in various stages of designing their own HMIS systems to meet the federal requirement.

### **Improve Data Collected on Homeless Persons**

CTED and DSHS will dedicate staff to serve on a homeless data workgroup whose charge is to coordinate administrative data collection across agencies, departments, programs, and local entities providing services.

This workgroup will advise CTED and DSHS management on data system issues related to coordinating services and

achieving compatibility across systems. The workgroup will also be the central consultative body on homeless counts and common standards for data collection.

**Statewide  
Continuum of Care  
Planning**

Successful implementation of programs and strategies to help families achieve stability and self-sufficiency depend on strong linkages between local social service providers, including state agency staff, and local housing service providers.

These providers form the core of Continuum of Care planning groups in local communities who are united around a common goal of breaking the cycle of homelessness. CTED is committed to supporting and strengthening these planning groups, especially in the rural areas of the state where capacity is limited. The Continuum of Care approach brings diverse groups together so that services and housing can be coordinated and limited community resources are wisely managed.

To further improve local coordination, CTED will incorporate minimum standards for local Continuum of Care planning activities as a condition of receiving federal Emergency Shelter Grants Program funds. Local communities will be asked to report on comprehensive services available at the local level on a routine schedule so that information is kept up-to-date and easily accessible. CTED will start to build a comprehensive mapping of community assets so that critical and significant gaps in both housing and social services can be easily identified and tracked.

Information will be shared with DSHS so that DSHS staff can readily see where their participation may be increased or re-directed depending on local circumstances and need. Information on the most critical gaps in the service delivery system will be used to formulate short and long-term strategies or action plans designed to fill these gaps or to find ways to mitigate the lack of resources or services.

**Build On Successful  
Housing Models**

New transitional housing and housing development programs for homeless families and survivors of domestic violence have completed almost three years of operations. Communities have tailored the use of these state resources according to their local needs and conditions. They have found approaches that work in some cases and fail in others.

CTED will collect information about existing housing and system supports, and service arrays to identify what works and

for whom. The findings and any identifiable program models will be shared with local communities to promote promising practices and help build quality standards in homeless services statewide.

### **Homeless Families Child Care**

DSHS continually seeks input from contracted agencies to identify needs of clients and potential improvements. Current plans include a program review and redesign to identify ways to improve services to homeless families who need child care assistance.